

**CDC's Emerging Infections Program
CDC/USDA/FDA Foodborne Diseases Active Surveillance Network
Steering Committee Conference Call**

Date: Thursday, May 13, 2004
Time: 2:00-3:00 pm EST
Numbers: Number: 888-405-9176 PassCode: 58895

- A. Administrative
 - 1. Welcome Katrina Kretsinger (CDC)!
 - 2. Informatics
 - 3. New Epidemiologist
 - 4. CID Supplements
- B. Surveillance
 - 1. 2004 Surveillance data
 - 2. HUS Surveillance
 - 3. Outbreak table and line list
- C. Special studies
 - 1. S. Newport, S. Enteritidis, Infant case-control studies
 - 2. EHS-Net Beef Study
 - 3. Long-term Care Facility Survey
- D. Working Groups
 - 1. New FoodNet Working Groups
 - 2. Attribution Working Group
 - a. Travel
 - b. S. Kentucky
- E. Miscellaneous topics
 - 1. MMWR (April 30th)
 - 2. EIP Steering Committee meeting (June 17-18th)
- F. Upcoming FoodNet conference calls, meetings, and deadlines

<ul style="list-style-type: none"> 1. Tuesday May 4th 12:00-1:00 pm EST 2. Wednesday May 5th 11:00-12:00 pm EST 3. Wednesday May 5th 12:00-1:00 pm EST 4. Thursday May 6th 11:00-12:00 pm EST 5. Tuesday May 11th 12:00-1:00 pm EST 6. Wednesday May 12th 4:00-5:00 pm EST 7. Monday May 17th 3:00-4:00 pm EST 8. Tuesday May 18th 12:00-1:00 pm EST 9. Thursday May 20th 12:00-1:00 pm EST 10. Thursday May 20th 3:00-4:00 pm EST 11. Wednesday May 5th 7:00-8:00 am EST 12. Tuesday May 25th 12:00-1:00 pm EST 13. Tuesday May 25th 2:00-3:00 pm EST 14. Thursday May 27th 2:00-3:00 pm EST 15. Tuesday June 8th 2:00-4:00 pm EST 16. Thursday June 10th 2:00-3:30 pm EST 17. Monday June 14th 2:00-3:00 pm EST 	<ul style="list-style-type: none"> SE Case-Control Study Analytical call S. Kentucky call <i>E. coli</i> O157 Cohort Study call Attribution Working Group call SE Case-Control Study Analytical call Burden Working Group call Infant Case-Control Study Working Group call SE Case-Control Study Analytical call HUS/STEC Working Group call Outbreak Working Group call Int'l Collaboration of Foodborne Diseases call SE Case-Control Study Analytical call Interventions Working Group call FoodNet Coordinators call June Update meeting June Steering Committee call Infant Case-Control Study call
---	--
- G. Data Submission Deadlines
 - 1. FoodNet active data Friday, May 21st
 - 2. HUS data transmission Wednesday, June 2nd
 - 3. Final 2003 data transmission Friday, June 18th

	Antibiotic Resistance	Infant Illness Study	<i>Shigella</i> case report form	<i>Campylobacter</i> Regional Differences	<i>Campylobacter</i> -GBS	<i>Salmonella</i> Javiana	Validation of Multipliers/Burden of Illness
CA	Duc Vugia		Sam Shin	Rick Alexander (pending confirmation)	Duc Vugia		
CO	Allison Daniels	Alicia Cronquist	Alicia Cronquist		Nicole Haubert		
CT	Sharon Hurd, Bob Howard, Ruthanne Marcus		Sharon Hurd, Ruthanne Marcus	Sharon Hurd (campy lab survey), Ruthanne Marcus (county analysis)	Quyen Phan, Pat Mshar		
GA	Melissa Tobin-D'Angelo	Wendy Baughman, Suzanne Segler	Melissa Tobin-D'Angelo	Melissa Tobin-D'Angelo		Melissa Tobin-D'Angelo, Stepy Thomas	Melissa Tobin-D'Angelo
MD	David Blythe	Amanda Castel (acastel@dhhm.state.md.us)		Melanie Megginson		Pat Ryan	Karen T. Cuenco
MN	Stephanie Wedel	Kirk Smith (for now at least)	Stephanie Wedel		Ellen Swanson		
NM	Karen Edge	Karen Edge	Karen Edge, Joseph Bareta	Karen Edge	Karen Edge, Bill Wiese	Karen Edge	Karen Edge
NY	Dina Hoefer		Shelley Zansky, Dina Hoefer	Shelley Zansky			Bridget Anderson, Christina Hidalgo
OR		Ann Thomas	Beletshachew Shiferaw	Bill Keene	Beletshachew Shiferaw		
TN	Amanda Ingram, Tim Jones, Diane Gerber	Effie Boothe, Tim Jones	Diane Gerber	Samir Hanna, Tim Jones	Marcy McMillian, Tim Jones, Diane Gerber	Samir Hanna, Diane Gerber, Tim Jones	Diane Gerber
CDC	Tom Chiller, Alison Drake, Jennifer Nelson	Katrina Kretsinger, Katie Fullerton	Elaine Scallan	Fred Angulo, Tom Chiller, Jennifer Nelson, Elizabeth Ailes, Vrinda Nargund	Fred Angulo, Cindi Snider	EIS Officer, Elizabeth Ailes, Nicole Ishill	Elaine Scallan, Nicole Ishill
FDA	Pat McCarthy	Pat McCarthy		Dave White		Pat McCarthy	
FSIS	Ben Salamone	Kristin Holt		Sean Altekruse	Kristin Holt	Alecia Naugle	

Title: FoodNet Study of Food Use and Practices in Nursing Homes

Purpose: The purpose of this nursing home survey is to assess practices pertaining to “safe,” assumed to decrease infection transmission, and “risky,” assumed to increase infection transmission, food preparation in nursing homes. These nursing home practices include 1) the types of beef, poultry, eggs, and other foods provided to residents, 2) general food preparation, and 3) nursing home policies on irradiated beef, irradiated poultry, and pasteurized shell eggs.

Investigators/collaborators/funding: The Foodborne Diseases Active Surveillance Network (FoodNet) is the principal foodborne disease components of the Center for Disease Control and Prevention’s (CDC) Emerging Infections Program (EIP). Investigators will include FoodNet staff at three FoodNet sites (California, Connecticut, Maryland). Collaborators include epidemiologists at the USDA and FDA. Funding for this study will be provided as part of the CDC Emerging Infections Program.

Background The elderly experience high rates of diarrheal illness and are more likely to die as a result of their illness (1-4). Risk factors for mortality due to diarrheal illness in the elderly include residence in a long-term care facility (1, 2). The demographic shift towards an increasing proportion of the United States/sites population being elderly may result in the elderly more frequently being residents of long-term care facilities. Institutional facilities such as long-term care facilities are potential sites for foodborne illness outbreaks due to a shared food preparation source (5-7). The individuals in these facilities tend to be elderly, and may have increased risk for illness due to immunosuppression and/or other comorbidities.

Other vulnerable populations, such as non-hospitalized persons and pregnant women, have been the focus of existing food safety implementation guidelines. These guidelines arose following outbreaks of food-borne disease, such as listeriosis. In one listeriosis outbreak, contamination was traced back to a processing plant for sliced turkey deli meats (8). The United States/sites Department of Agriculture/ Food Safety and Inspection Service subsequently recommended that pregnant women should avoid certain foods (e.g., sliced deli meats) that may increase risk of listeriosis (9). Similar recommendations were issued for

immunocompromised (10) and hospitalized individuals. These recommendations also included other potentially risk-laden food items (e.g., unpasteurized juice, eggs).

The equivalent recommendations have not been formally developed for long-term care facilities. Little is known about the use of specific food products, such as irradiated meats (11) and pasteurized eggs, which may decrease the risk of food-borne illness in long-term care facilities. The degree to which long-term care facilities embrace infection control measures at the food preparation and distribution level directly affects residents of these facilities.

Long-term care facilities can be categorized into nursing homes, assisted living, psychiatric hospitals, juvenile institutions, institutions for mentally or physically handicapped, and general facilities. The majority of long-term care facility residents, approximately 1.7 million, are in nursing homes. A subset of nursing homes is able to receive reimbursement for expenditures from Medicare or Medicaid (12). In 1999, the majority of nursing homes (97.2%) were certified and able to file claims for Medicare and/or Medicaid reimbursement (Appendix 1). Non-certified nursing homes accounted for only 2.0% of nursing home residents and tended to have fewer residents (12). The remaining long-term care facilities, aside from nursing homes, are more nebulous to define and have varied levels of government regulation. This latter group of facilities will not be addressed in this protocol.

We focus on certified nursing homes, a relatively easy to define population within long-term care facilities, for an initial survey of food practices that may affect risk of illness. By assessing the use of certain foods and practices, appropriate recommendations can be developed to protect residents of long-term care facilities in general.

Objectives: To assess 1) the types of beef, poultry, eggs, and other foods provided to residents, 2) general food preparation, and 3) policies on irradiated beef, irradiated poultry, and pasteurized shell eggs at nursing homes.

Methods

Summary of design: The nursing homes that will be surveyed are within catchment areas of ten States/sties participating in CDC FoodNet. These FoodNet States/sites are California, Colorado,

Connecticut, Georgia, Maryland, Minnesota, New York, .Oregon, and Tennessee. States/sites will contact certified nursing homes via mailed surveys. Surveys are primarily aimed at food service managers/directors. Surveys are returned to States/sites for data entry. States/sites will recontact nursing homes not returning surveys within a specified time. Deidentified data will be forwarded to CDC for compilation and analysis will be completed by the analysis subgroup. The survey and subsequent analyses will be conducted between August 2004 and April 2005.

Sampling nursing homes: Each FoodNet site will decide whether all or a portion of certified nursing homes will be contacted for the purposes of this survey. While it is preferable that States/sites send surveys to all certified nursing homes within their catchment area, those States/sites that intend to contact fewer nursing homes will use a stratified sampling scheme after discussion with the nursing home working group. Sampling for the latter group of States/sites will involve stratified sampling based on nursing home characteristics, i.e. bed size, chain size, etc, to provide a representative sample from that state.

The numbers of certified nursing homes by FoodNet catchment area in 2003 are as follows:

California = 133 (Alameda, Contra Costa, San Francisco counties)

Colorado = 95 (Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson counties)

Connecticut = 250

Georgia = 362

Maryland = 243

Minnesota = 425

New York = 170 (Albany, Allegany, Cattaraugus, Chautauqua, Chemung, Clinton, Columbia,

Delaware, Erie, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Livingston,

Monroe, Montgomery, Niagara, Ontario, Orleans, Otsego, Rensselaer, Saratoga,

Schenectady, Schoharie, Schuyler, Seneca, Steuben, Warren, Washington, Wayne,

Wyoming, Yates counties)

Oregon = 143

Tennessee = 117

New Mexico = 81

Data collection:

Electronic listings of nursing homes, their addresses, and their demographics will be supplied for each participating FoodNet site (Appendix 4). This information will have been obtained by one of two methods. Either a programmer (to be determined) will develop code to capture data from www.Medicare.gov/Nhcompare; or the data file will be obtained directly from the Centers for Medicare and Medicaid Services. Maryland will supply a database template for data entry to States/sites and for data compilation to CDC.

The nursing home data file will be provided to each state. The electronic listings are in alphabetical order and sequential numbering is not sufficient for deidentifying the nursing homes. Each nursing home will be assigned a unique identification number (ID) consisting of the two initial state abbreviation plus a unique random three (3) digit number. This ID will be used as the unique identifier when data is transmitted to CDC. Names and contact information for nursing homes are to remain with the States/sites and not to be transmitted to CDC. Each FoodNet site will send a copy of their database without addresses or names (deidentified), ID only, to CDC-Atlanta at the end of data collection.

Surveys and data entry Each participating FoodNet site will be responsible for maintaining its database of ID, demographics, and follow-up of survey mailings. Any changes in mailing address or existing database entries will be dated with comments reflecting the original data and reason for alterations. Each state will have a list of IDs and corresponding certified nursing home addresses for that state.

The nursing home survey will be conducted as described below. Database entry instructions are also explained here.

STATE INTRODUCTION LETTER

Each state mails the signed introductory letter stating that the survey will not be used for legal purposes to the State Healthcare Licensure Offices (Appendix 2).

Database: Enter postal date in field, “SHL.”

NURSING HOME CONTACT

1st mailing: For each nursing home identified, each state prints a single copy of

1. signed cover letter (Appendix 3)
2. signed introductory letter (Appendix 2)
3. survey (Appendix 4) with ID
4. mailing label with return address of State FoodNet office
5. mailing label with nursing home address

Put items 1 through 3 and a return envelope (affixed with item 4 and postage paid) into a separate mailing envelope (affixed with item 5).

Database: Enter postal date in field, “survey date 1.”

1st follow-up: If the survey is not returned within 28 days (or equivalently “survey receipt 1” remains empty for 28 days past the “survey date 1”), contact the corresponding nursing home food service director/manager via telephone between days 29 and 49 following the date the survey was sent (survey date 1). If a live person can be reached, inquire whether or not the survey was received and clarify the purpose of the survey to participants. Nursing homes may choose to decline survey participation at this time. If only a message can be left, request for the food manager/dietician to contact you.

Database: Enter the date of the telephone call in the field, “phone 1.”

If the food manager/dietician or nursing home administrator does not wish to participate, enter “Yes” in the field, “Refusal 1”; otherwise, enter “No.”

If a phone message was left for the food manager/dietician, enter “Yes” for the field “Message 1.”

2nd follow-up: If a return phone call has not been made to the State within 7 days after the date of the follow-up phone call (phone 1), telephone the corresponding nursing home food service director/manager via telephone between 8 to 14 days after the date of the follow-up phone call (phone 1) date. If a live person can be reached, inquire whether or not the survey was received and clarify the purpose of the survey to participants. Nursing homes may choose to decline survey participation at this time. If only a message can be left, request for the food manager/dietician to contact you.

Database: Enter the date of the telephone call in the field, “phone 2.”

If the food manager/dietician or nursing home administrator does not wish to participate, enter “Yes” in the field, “Refusal 2”; otherwise, enter “No.”

If a phone message was left for the food manager/dietician, enter “Yes” for the field “Message 2.”

2nd mailing: If a survey has not been received within 28 days after the date of the follow-up phone call (phone 1) date AND the nursing home respondent has not indicated refusal to participate (Refusal 1 = No AND Refusal 2 = [No or blank]), then proceed with this section.

For each nursing home identified, print a single copy of the

1. signed cover letter (Appendix 3)
2. signed introductory letter (Appendix 2)
3. survey (Appendix 4) with ID and some indication that it is the 2nd survey mailed
4. mailing label with return address of State FoodNet office
5. mailing label with nursing home address

Put items 1 through 3, and a return envelope (affixed with item 4 and postage paid) into a separate mailing envelope (affixed with item 5).

Database: Enter postal date in field, “survey date 2.”

RECEIPT OF SURVEYS

Receipt of surveys from 2nd mailing: Each time you receive a complete, or partially complete, survey -

Database: Enter the postal date stamped on the return envelope in field, “receipt 1.”

Enter the survey responses into the appropriate fields in the database template.

If an answer is not provided for a field, enter “missing.”

Receipt of survey from 3rd mailings: Each time you receive a complete, or partially complete, survey marked as the 2nd survey mailed -

Database: Enter the postal date stamped on the return envelope in field, “receipt 2.”

Enter the survey responses into the appropriate field in the database template.

If an answer is not provided for a field, enter “missing.”

OTHER QUESTIONS

Requests for additional survey: If a nursing home requests an additional survey be mailed, enter date of the request in field, “request date,” and the postal date in the field, “request mail.” Four weeks after the request mail” date, follow the procedure from 1st follow-up above.

Fielding questions from nursing home respondents: Straightforward questions and site’s responses will be forwarded from each health department to an email address (to be determined) for electronic bulletin. Any questions regarding clarification of question content should be forwarded to the electronic bulletin for discussion. An answer will be returned to each State within 4 working days. That information can be relayed to the original inquirer.

CONFIDENTIALITY/CONSENT/RISKS AND BENEFITS

A written statement attached to the survey will inform respondents that participation is voluntary (Appendix 5). All information will be kept confidential as permitted by law. Names and identifiers will not be included in electronic records sent to CDC and will not be included in published materials. All records will be kept in a secure location accessible to study personnel only. The survey is minimal risk and a signed consent form will not be required.

Participants will receive no direct benefit from the survey. There is no penalty for not participating. Responses will be reported in aggregate in order to minimize risk of identifying individual nursing homes. The information gathered from this survey will be useful for public health assessment of safe practice/food integration at the institutional level.

Analyses: Basic descriptive statistics will be generated from this survey data.

Limitations: - We anticipate that interpretations made from this will have a number of limitations due to 1) incomplete surveys response, 2) nonparticipation, 3) responses based on a select individual's opinion and are not verified by independent source, 4) interpretation of questions may differ by respondent, 5) questionnaire has not been formally validated, 6) only certified nursing homes are being contacted. These issues of survey content and generalizability will need to be considered carefully when reporting results from this survey.

Appendix 1. Definitions:

From www.medicare.gov/Glossary, *nursing home* is defined as “a residence that provides a room, meals, and help with activities of daily living and recreation. Generally, nursing home residents have physical or mental problems that keep them from living on their own. They usually require daily assistance”, and *certified* or *certification* refers to the process of “State government agencies inspect health care providers, including home health agencies, hospitals, nursing homes, and dialysis facilities home health agencies, as well as other health care providers. These providers are certified if they pass inspection. Medicare or Medicaid only covers care provided by certified providers. Being certified is not the same as being accredited. Medicare or Medicaid only covers care in a certified facility or program.”

Appendix 2. Letter to state licensing agency

<Glenda, please insert letter>

Dear <State licensing agency>,

The Centers for Disease Control and Prevention (CDC) is working with <State Department of Public Health name> to conduct the Nursing Home Survey. We are surveying nursing homes to assess food types and preparation methods used for resident meals. The survey data will be used for public health research, and is not intended for licensing or legal purposes. Results from this study will be made publicly available in aggregate form only.

We anticipate that you may receive some inquiries about the Nursing Home Survey mailings. We ask that you provide the above information in response to any questions. Each mailing will contain instructions and additional contact information for respondents.

We encourage you to contact XXX at XXXX-XXX-XXXX or XXXX@XXX.XXX if the <State licensing agency> have any questions regarding the Nursing Home Survey.

Thank you in advance for your cooperation,

Sincerely,

XXXX

Appendix 3. Cover letter providing reassurance of anonymity of responder and responses, aggregate reporting, etc.;

<Who has draft letter? CT?>

Appendix 4. Demographics for each nursing home (12)

State

Medicare participant

Medicaid participant

Initial date of certification

Total number of certified beds

Type of ownership

Located in hospital

Multi-home chain ownership

Resident council

Family council

Mailing address

Name of facility

Phone number

Total nursing staff hours per day

Number of residents

RN hours per day

LPN/LVN hours per day

CNA hours per day

14 quality measures, e.g. pressure sores, bladder problems, etc.

Appendix 5. Participant Informed Consent

The <State Department of Public Health name> is working with the Centers for Disease Control and Prevention (CDC). We are surveying nursing homes to assess food types and preparation methods used for resident meals. The information gathered from this survey will be useful for public health assessment of safe practice/food integration at the institutional level.

Participation in this survey is completely voluntary, and you may discontinue the survey at any time. There is no penalty for not participating. Your responses will be kept confidential as permitted by law. You will get no direct benefit from participating in this survey. There is no foreseen risk to you if you choose to participate.

Timeline:

May - Submission of protocol and questionnaire for CDC clearance

June 1 – Submission of protocol and questionnaire for States/sites clearance

June 15 - Complete CDC IRB

July 31 – Complete State IRB

August 22 – Begin survey mailings

January 31, 2005 – end data collection and entry

February 1, 2005 – April 30, 2005 – generate statistics and report.

References

1. Frenzen PD. Mortality due to gastroenteritis of unknown etiology in the United States/sites. *J Infect Dis* 2003;187(3):441-52.
2. Lew JF, Glass RI, Gangarosa RE, Cohen IP, Bern C, Moe CL. Diarrheal deaths in the United States/sites, 1979 through 1987. A special problem for the elderly. *JAMA* 199;265(24):3280-4.
3. Gangarosa RE, Glass RI, Lew JF, Boring JR. Hospitalizations involving gastroenteritis in the United States/sites, 1985: the special burden of the disease among the elderly. *Am J Epidemiol* 1992;135(3):281-90.
4. Peterson CA, Calderon RL. Trends in enteric disease as a cause of death in the United States/sites, 1989-1996. *Am J Epidemiol* 2003;157(1):58-65.
5. Layton MC, Calliste SG, Gomez TM, Patton C, Brooks S. A mixed foodborne outbreak with *Salmonella* Heidelberg and *Campylobacter jejuni* in a nursing home. *Infect Control Hosp Epidemiol* 1997;18(2):115-21.
6. Ryan MJ, Wall PG, Adak GK, Evans HS, Cowden JM. Outbreaks of infectious intestinal disease in residential institutions in England and Wales 1992-1994. *J Infect* 1997;34(1):49-54.
7. Levine WC, Smart JF, Archer DL, Bean NH, Tauxe RV. Foodborne disease outbreaks in nursing homes, 1975 through 1987. *JAMA* 1991;266(15):2105-9.
8. Outbreak of listeriosis--northeastern United States/sites, 2002. *Morb Mortal Wkly Rep* 2002;51(42):950-1. Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5142a3.htm>
9. USDA FSIS. Listeriosis and your pregnancy: what is your risk? Available at: http://www.fsis.usda.gov/OA/pubs/lm_tearsheet.pdf
10. Multistate outbreak of listeriosis--United States/sites, 1998. *Morb Mortal Wkly Rep* 1998;47(50):1085-6. Available at: <http://www.cdc.gov/mmwr/PDF/wk/mm4750.pdf>
11. Lutter R. Policy forum: food safety. Food irradiation--the neglected solution to food-borne illness. *Science* 1999;286(5448):2275-6.
12. Medicare. Nursing Home Compare website. Available at: www.medicare.gov/NHcompare

FOODNET SURVEY OF LONG TERM HEALTH CARE FACILITIES, 2004

Instructions: *The Food Service Director or other person who is most familiar with food purchasing at this facility should complete this survey. Please answer every question and return the completed survey in the postage-paid envelope by DATE.*

SECTION I: Respondent Information

This section should be completed by the person primarily responsible for completing the survey (if more than one individual is involved).

1. Which of the following best describe your job? Check all that apply:
 - ☐ Food service director
 - ☐ Dietitian
 - ☐ Chef or executive chef
 - ☐ Purchasing director
 - ☐ Administrator
 - ☐ Other (please specify): _____
2. Do you have any of the following certifications? Check all that apply.
 - ☐ Certified dietary manager
 - ☐ Dietetic technician
 - ☐ Registered dietician
3. How many years have you been employed in the food service area, in this or any facility?
_____ years

SECTION II: Facility Characteristics

4. Is a food service company contracted to this facility?
 - ☐ Yes ☐ No ☐ Don't know
 - a. If yes, what services does the food service company provide? Check all that apply:
 - ☐ We contract with the food service company for prepared and/or cooked food to be delivered to the long term care facility
 - ☐ We contract with the food service company to distribute the food service operation within the long term care facility
 - ☐ Some food is partially prepared externally such as at a commissary and brought to the long term care facility
5. Approximately how many total resident meals, not including snacks, are prepared on an average day, including any offsite catering? (e.g. 15 people x 3 meals = 45 total meals)
(Specify number): _____ ☐ Don't know

SECTION III: Resident Food Service

6. Regarding resident meals, please indicate who is primarily responsible for deciding **which foods are purchased?** (Resident meals are for those who stay overnight at the facility. Please do not include meals made exclusively for staff or visitors.)
- ☐ Food service director
 - ☐ Dietitian
 - ☐ Purchasing director
 - ☐ Administrator
 - ☐ Parent corporation or other organization that owns this facility
 - ☐ Food service company contracted to this facility
 - What is the name of this company? _____
 - ☐ Other (please specify): _____
 - ☐ Don't know
7. Regarding resident meals, please indicate who is responsible for deciding **what is on the menu?**
- ☐ Food service director
 - ☐ Dietitian
 - ☐ Purchasing director
 - ☐ Administrator
 - ☐ Parent corporation or other organization that owns this facility
 - ☐ Food service company contracted to this facility
 - What is the name of this company? _____
 - ☐ Other (please specify): _____
 - ☐ Don't know

FOODNET SURVEY OF LONG TERM HEALTH CARE FACILITIES, 2004

8. Using last week's menu, please indicate at **how many different mealtimes in one week** each of the following food products was used to prepare resident meals at this facility: Please indicate if the product is never used by marking the "never" box.

a. Juice, labeled as pasteurized	_____ times/week	<input type="checkbox"/> Never	<input type="checkbox"/> Don't know
b. Juice, not labeled as pasteurized (including unpackaged fresh-squeezed juice)	_____ times/week	<input type="checkbox"/> Never	<input type="checkbox"/> Don't know
c. Non-irradiated raw ground beef	_____ times/week	<input type="checkbox"/> Never	<input type="checkbox"/> Don't know
d. Irradiated raw ground beef	_____ times/week	<input type="checkbox"/> Never	<input type="checkbox"/> Don't know
e. Pre-cooked ground beef	_____ times/week	<input type="checkbox"/> Never	<input type="checkbox"/> Don't know
f. Non-irradiated raw poultry	_____ times/week	<input type="checkbox"/> Never	<input type="checkbox"/> Don't know
g. Irradiated raw poultry	_____ times/week	<input type="checkbox"/> Never	<input type="checkbox"/> Don't know
h. Pre-cooked poultry	_____ times/week	<input type="checkbox"/> Never	<input type="checkbox"/> Don't know
i. Hot dogs	_____ times/week	<input type="checkbox"/> Never	<input type="checkbox"/> Don't know
j. Pre-cooked ready-to-eat deli or luncheon meats made from:			
<input type="checkbox"/> Turkey	_____ times/week	<input type="checkbox"/> Never	<input type="checkbox"/> Don't know
<input type="checkbox"/> Ham	_____ times/week	<input type="checkbox"/> Never	<input type="checkbox"/> Don't know
<input type="checkbox"/> Roast beef	_____ times/week	<input type="checkbox"/> Never	<input type="checkbox"/> Don't know
<input type="checkbox"/> Other	_____ times/week	<input type="checkbox"/> Never	<input type="checkbox"/> Don't know
k. Soft cheese (such as feta, brie, or queso fresco) or blue-veined cheese, not labeled as pasteurized	_____ times/week	<input type="checkbox"/> Never	<input type="checkbox"/> Don't know
l. Regular whole shell eggs	_____ times/week	<input type="checkbox"/> Never	<input type="checkbox"/> Don't know
m. Pasteurized whole shell eggs	_____ times/week	<input type="checkbox"/> Never	<input type="checkbox"/> Don't know
Please indicate brand name: _____			
n. Pasteurized liquid egg products (whites, yolks, or mixed)	_____ times/week	<input type="checkbox"/> Never	<input type="checkbox"/> Don't know

FOODNET SURVEY OF LONG TERM HEALTH CARE FACILITIES, 2004

9. Please indicate if the following items are **heated until steaming hot** before serving:

- | | | | | |
|---|---------------------------------|------------------------------------|--------------------------------|-------------------------------------|
| a. Hot dogs | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never | <input type="checkbox"/> Don't know |
| b. Pre-cooked ready-to-eat turkey deli or luncheon meats | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never | <input type="checkbox"/> Don't know |
| c. Pre-cooked ready-to-eat ham deli or luncheon meats | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never | <input type="checkbox"/> Don't know |
| d. Pre-cooked ready-to-eat roast beef deli or luncheon meats | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never | <input type="checkbox"/> Don't know |
| e. All other pre-cooked ready-to-eat deli or luncheon meats | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never | <input type="checkbox"/> Don't know |

We are interested in determining how many institutions have policies about irradiated meat and poultry; ready-to-eat deli meats, hot dogs and soft or blue-veined cheese; and various egg products. Please read the following questions and indicate whether your facility has policies regarding these products.

10. Does this facility have a policy about using **irradiated ground beef** to prepare resident meals?

☐ Yes ☐ No ☐ Don't know

a. If yes, does the policy include any of the following elements? Check all that apply:

- ☐ Irradiated ground beef should **always** be used in place of non-irradiated ground beef.
☐ Irradiated ground beef must be used in certain specified dishes.
☐ Irradiated ground beef must be used for select populations (e.g. immunocompromised)
☐ Other (please specify): _____
☐ Don't know

11. Does this facility have a policy about using **irradiated poultry** to prepare resident meals?

☐ Yes ☐ No ☐ Don't know

a. If yes, does the policy include any of the following elements? Check all that apply:

- ☐ Irradiated poultry should **always** be used in place of non-irradiated poultry.
☐ Irradiated poultry must be used in certain specified dishes.
☐ Irradiated poultry must be used for select populations (e.g. immunocompromised)
☐ Other (please specify): _____
☐ Don't know

FOODNET SURVEY OF LONG TERM HEALTH CARE FACILITIES, 2004

12. Does this facility have policies about using **ready-to-eat deli meats** to prepare resident meals? ☐ Yes ☐ No ☐ Don't know
- a. If yes, do the policies include any of the following elements? Check all that apply:
- ☐ Ready-to-eat deli meats should **not** be served.
 - ☐ Ready-to-eat deli meats must be heated until steaming hot before serving.
 - ☐ Policies regarding ready-to-eat deli meats apply only to select populations (e.g. immunocompromised)
 - ☐ Opened containers of ready-to-eat deli meats must be discarded within 7 days when held at 41° F.
 - ☐ Unopened containers of ready-to-eat deli meats must be discarded on the "Use by" date.
 - ☐ Other (please specify): _____
 - ☐ Don't know
13. Does this facility have policies about using **hot dogs** to prepare resident meals? ☐ Yes ☐ No ☐ Don't know
- a. If yes, do the policies include any of the following elements? Check all that apply:
- ☐ Hot dogs should **not** be served.
 - ☐ Hot dogs must be heated until steaming hot before serving.
 - ☐ Policies regarding hot dogs apply only to select populations (e.g. immunocompromised)
 - ☐ Opened containers of hot dogs must be discarded within 7 days when held at 41° F.
 - ☐ Unopened containers of hot dogs must be discarded on the "Use by" date.
 - ☐ Other (please specify): _____
 - ☐ Don't know
14. Does this facility have policies about using **soft cheese (such as feta, brie or queso fresco) or blue-veined cheese** to prepare resident meals? ☐ Yes ☐ No ☐ Don't know
- a. If yes, do the policies include any of the following elements? Check all that apply:
- ☐ Soft cheese and blue-veined cheese made from unpasteurized milk should **not** be served.
 - ☐ Unopened containers of soft cheese and blue-veined cheese must be discarded on the "Use by" date. _____
 - ☐ Policies regarding soft cheese apply only to select populations (eg. immunocompromised)
 - ☐ Other (please specify): _____
 - ☐ Don't know

Comment: This cheese thing is tricky and it's not clear how many NH's use these types of cheeses anyway – any idea from the piloting?



FOODNET SURVEY OF LONG TERM HEALTH CARE FACILITIES, 2004

15. Does this facility have policies about using **eggs** to prepare resident meals?

☐ Yes ☐ No ☐ Don't know

a. If yes, do the policies include any of the following elements? Check all that apply:

- ☐ Regular whole shell eggs should **not** be used.
- ☐ Pasteurized whole shell eggs must be used instead of regular whole shell eggs.
- ☐ Pasteurized whole shell eggs must be used to prepare specified dishes.
- ☐ Pasteurized whole shell eggs must be used for select populations (e.g. immunocompromised)
- ☐ Pasteurized liquid egg products must be used instead of regular whole shell eggs.
- ☐ Pasteurized liquid egg products must be used to prepare specified dishes.
- ☐ Pasteurized liquid egg products must be used for select populations (e.g. immunocompromised)
- ☐ Other (please specify): _____
- ☐ Don't know

We are interested in learning how long-term care facilities make decisions about using irradiated ground beef and poultry and pasteurized whole shell eggs. Please read the next three questions carefully and choose the most appropriate reasons why you are not using these products, if that is the case.

16. Does your facility currently use **irradiated ground beef**?

☐ Yes ☐ No ☐ Don't know

If yes, please skip to question 17.

If no, please indicate why your facility does not use irradiated ground beef. Check all that apply:

- ☐ Have not thought about using irradiated ground beef.
- ☐ Usual food supplier does not carry irradiated ground beef.
- ☐ Resident menu does not include dishes prepared from uncooked ground beef.
- ☐ Have insufficient information about irradiated food.
- ☐ Irradiation is unnecessary for preparing safe food.
- ☐ Concerned about safety of irradiated food.
- ☐ Concerned about effectiveness of food irradiation.
- ☐ Irradiated ground beef is more expensive than non-irradiated ground beef.
- ☐ Taste, odor, or appearance of irradiated ground beef is unsatisfactory.
- ☐ Nutritional content of irradiated ground beef is unsatisfactory.
- ☐ Unit size or packaging of irradiated ground beef is unsatisfactory.
- ☐ Supply of irradiated ground beef is inadequate or unreliable.
- ☐ Other (please specify): _____
- ☐ Don't know

FOODNET SURVEY OF LONG TERM HEALTH CARE FACILITIES, 2004

17. Does your facility currently use **irradiated poultry**?

☐ Yes ☐ No ☐ Don't know

If yes, please skip to question 18.

If no, please indicate why your facility does not use irradiated poultry. Check all that apply:

- ☐ Have not thought about using irradiated poultry.
- ☐ Usual food supplier does not carry irradiated poultry.
- ☐ Resident menu does not include dishes prepared from uncooked poultry.
- ☐ Have insufficient information about irradiated food.
- ☐ Irradiation is unnecessary for preparing safe food.
- ☐ Concerned about safety of irradiated food.
- ☐ Concerned about effectiveness of food irradiation.
- ☐ Irradiated poultry is more expensive than non-irradiated poultry.
- ☐ Taste, odor, or appearance of irradiated poultry is unsatisfactory.
- ☐ Nutritional content of irradiated poultry is unsatisfactory.
- ☐ Unit size or packaging of irradiated poultry is unsatisfactory.
- ☐ Supply of irradiated poultry is inadequate or unreliable.
- ☐ Other (please specify): _____
- ☐ Don't know

18. Does your facility currently use **pasteurized whole shell eggs**?

☐ Yes ☐ No ☐ Don't know

If yes, please skip to question 19.

If no, please indicate why your facility does not use pasteurized whole shell eggs. Check all that apply:

- ☐ Have not thought about using pasteurized whole shell eggs.
- ☐ Usual food supplier does not carry pasteurized whole shell eggs.
- ☐ Resident menu does not include dishes prepared from raw whole shell eggs.
- ☐ Have insufficient information about pasteurized whole shell eggs.
- ☐ Pasteurization is unnecessary for preparing safe egg dishes.
- ☐ Concerned about safety of pasteurized whole shell eggs.
- ☐ Concerned about effectiveness of shell egg pasteurization process.
- ☐ Pasteurized whole shell eggs are more expensive than regular whole shell eggs.
- ☐ Taste, odor, or appearance of pasteurized whole shell eggs is unsatisfactory.
- ☐ Nutritional content of pasteurized whole shell eggs is unsatisfactory.
- ☐ Supply of pasteurized whole shell eggs is inadequate or unreliable.
- ☐ Other (please specify): _____
- ☐ Don't know

FOODNET SURVEY OF LONG TERM HEALTH CARE FACILITIES, 2004

To answer the following two questions, it may be necessary to contact the Director of Nursing or the Registered Nurse Assessment Coordinator. If you cannot determine the answers, please indicate whether we may contact your facility directly and whom you attempted to contact.

19. What level of care does this facility provide? Check all that apply:

- ☐ Assisted-living or residential care
- ☐ Intermediate-nursing care
- ☐ Skilled-nursing or medical care
- ☐ Sub-acute short-term care
- ☐ Rehabilitation
- ☐ Day programs
- ☐ Don't know (please complete Question 21)
- ☐ Other (please specify): _____

20. Which populations constitute at least 25% of your resident population at any time? Check all that apply:

- ☐ Any age with serious immunocompromising medical illnesses (e.g. HIV/AIDS, cancer, dialysis, etc.)
- ☐ Elderly (>65 years old) with dementia but without other serious medical conditions
- ☐ Elderly (>65 years old) without serious medical conditions
- ☐ Non-elderly with physical disabilities (e.g. traumatic injuries, cerebral palsy)
- ☐ Non-elderly with mental disabilities (e.g. psychiatric, mental retardation)
- ☐ Don't know (please complete Question 21)
- ☐ Other (please specify): _____

Only complete this question if you did not determine the answers to Questions 19 and 20.

21. Please indicate whom you tried to contact and whether we may contact your facility directly.

- ☐ I tried to reach Director of Nursing or Registered Nurse Assessment Coordinator but was not successful
- ☐ Please contact _____
(provide name, title, and phone number) directly to get the above information
- ☐ Other relevant information _____

Thank you for your participation! If you have questions, please contact
{CONTACT NAME AND NUMBER}

Please mail the completed questionnaire in the attached
postage-paid, self-addressed envelope to:
{ADDRESS}